Concept Paper: CARE MANGEMENT FOR FREQUENT ER USERS IN MEDICAID FFS AND HMOs

Proposal:

- ***Identify HMO and FFS Medicaid recipients who frequently use the ER or ER related services***
- ***Develop and employ educational, care management and lock-in strategies to facilitate the delivery of high quality, cost effective care.***
- ***Develop a database with important information about these recipients that can be shared with providers to improve the quality, cost efficiency and coordination of their care of these recipients***

Problem Statement: A small number of Medicaid recipients use the ER, and/or ER related services (ambulances), excessively. These include:

- Persons who use the ER frequently for non-emergencies
- Persons who use ambulances for non-emergencies
- Persons who use the ER for secondary gain—e.g. to inappropriately acquire narcotics/controlled substances.
- Persons with serious mental health and substance abuse conditions that are not optimally treated in an outpatient setting
- Persons with exacerbations of conditions that are poorly managed in the outpatient setting (e.g. asthma, diabetes, sickle cell)
- Persons who allow other to use their Medicaid care.

Information Gap

Often ER physicians are operating in an information vacuum when caring for these patients. Lack of information may result in duplication of services, inappropriate treatment or fragmented care. For example, a review of claims and ER medical records revealed many instances of repeat diagnostic procedures and/or duplicative prescriptions.

Providing ER physicians with additional patient information, important for care continuity, will facilitate quality, cost-efficient treatment decisions.

Education Needs

Many persons who go to the ER may do so out of habit, because they do not have a medical home or because they experience access barriers. Some high ER utilizers will benefit by education about appropriate settings for care available under Medicaid, assistance in locating a physician or care provider who can manage their problems or feedback about their ER utilization.

Care Management Needs

Some recipients who inappropriately use the ER would benefit by intensive, individual care management. Many high ER utilizers have serious chronic conditions--especially asthma, mental health and substance abuse.

Assignment to Specific Providers

In a small number of cases recipients use Medicaid services, especially the ER, for inappropriate objectives—e.g. securing narcotics for abusive purposes. These patients are best served by a monitoring system, as well as assignment to specific providers that provide the appropriate checks on their utilization. An example of this in the "lock-in" system that is used by Medicaid programs across the country to stem abuse and the delivery of inappropriate and often harmful care.

Background:

Medicaid recipients in the Milwaukee area made approximately 64,000 visits to the emergency room in 2004. The vast majority of Medicaid recipients never use the ER, or use the ER only very occasionally for conditions best treated in an ER. Others use the ER often—some as a primary source of their care.

Over 1700 Medicaid recipients in Milwaukee Co. made six or more trips to the emergency room in a twelve month period. These 1700 individuals were responsible for over 19,000, or approximately 30% of all ER visits in Milwaukee.

To date, Wisconsin Medicaid has not used ER utilization as a criteria for identifying persons for the "lock-in" program. In addition, persons in "lock-in" are not assigned to a specific ER. Other Midwestern states do identify persons for lock-in and for targeted care management and education based on their ER utilization. Currently, Wisconsin Medicaid staff is soliciting information from other states on care management, education and lock-in strategies directed at frequent ER users.

Objectives:

1. Develop care criteria for identifying a target group of frequent ER users. Examples are:
    - ✓ Seen in ER more than 5 times in a 12 month period
    - ✓ Use of multiple ERs
    - ✓ Use of multiple pharmacies
    - ✓ Non-use of non-ER providers

2. Define a strategy for profiling the individuals identified in step one. For example, utilization patterns, pharmacy utilization, diagnoses, hospitalization rates and days, membership in HMO versus FFS, etc.

3. Based on number 2, develop an action plan for each of these individuals. The specifics of that action plan will depend on whether the recipient is FFS or HMO. Three *major* types of action plan are anticipated, namely:

    a. Notification that the Medicaid program (and or HMO) is aware of their utilization history with respect to the ER and suggestions for accessing other, more appropriate, sources of care
    b. Assignment of a care manager—especially for persons with selected chronic diseases and comorbidities such as mental health problems
    c. Lock-in to specific providers, pharmacies, ERs for the pur5pose of coordinating and managing care and utilization

    These three major strategies are not mutually exclusive.

4. Make important information, which will enhance care quality and coordination, available to emergency room providers and HMOs. This requires the development of a **database of frequent ER utilizers** that will be available to ER providers and HMOs. (See "Attributes of an ER Health Information Exchange System" below)

    The purpose of this database is to:

    - Allow **ER providers** to quickly **identify which Medicaid recipients** have been identified ("flagged") as needing special care management AND
    - To have **easy and secure access to information** important for treating that Medicaid recipient in the highest **quality and most cost-efficient** manner (important diagnoses, assigned providers, recent utilization history---especially ER use, medications).

5. Make care management available to frequent ER utilizers. The nature of that care management will be determined by an analysis of the specific care needs of these Medicaid recipients. Specific options include:

    - Lock-in to providers, pharmacies and/or ERs
    - Enrollment in care management projects specific to their needs (e.g. asthma, mental health)
    - Identification of persons already enrolled in managed cared organizations for special intervention by those organizations

<u>Outcomes/Benefits:</u>

This system will:

- Reduce costs for Wisconsin Medicaid

- Steer patients to disease management that will reduce costly morbidities for their condition,
- Improve health outcomes for selected Wisconsin Medicaid recipients
- Provide important feedback and education to Medicaid recipients who use the ER unnecessarily utilize the ER in the hopes of effecting a behavior change
- Creating a better informed provider network which can consequently provide better quality, better coordinated care to selected Medicaid recipients
- Decrease unneeded ambulance use,
- Reduce medication error or duplication,
- Reduce duplication of labs and procedures,
- Minimize time ER doctors spend seeking important information on a patient thereby reducing their practice burdens and administrative costs.

Attributes of an ER--Medicaid Health Information Exchange System:

- Must be able to interface with existing Medicaid information systems—in particular, the **database of frequent ER utilizers**. That database will draw information from:
  - ✓ Medicaid enrollment data (demographics, identifying information, eligibility classification)
  - ✓ Claims/encounter: Utilization of services with associated diagnoses
  - ✓ DUR: Medications/therapeutics
- Assumes that ER physicians have easy access to computers that allow them to access information through their own proprietary networks. [WHIE or other system].
- Must be flexible enough to allow customization, expansion and modifications as needs present. Since this is a new information sharing project, it must be tested in the "real world." As it is "tested" it may be necessary to make changes.
- Must be easy to use and straightforward. Since ER staff turn over frequently, the system must be easy to learn and use.
- Must contain **relevant** information and present that information in a user-friendly way. For example, an ER physician may need to know that an ER patient is on an inhaler to treat asthma, but may not need to know that the patient was seen by his primary care physician for the flu six months ago. In other words, the system must provide the right kind of timely information. Examples of essential information:
  - ✓ Medicaid eligible (yes or no)
  - ✓ HMO—If yes, identify HMO
  - ✓ Basic demographics (gender, age)
  - ✓ Patient identified by "ER Medicaid Health Information Exchange" program
  - ✓ Reason patient has been identified by the "ER Medicaid Health Information Exchange." For example: 24 ER visits in past year,

"threatened ER staff with physical violence," excessive use of oxycodone, etc.
    - ✓ Assigned providers. Medicaid recipients in the ER Medicaid Health Information Exchange will have assigned providers for primary and specialty care. They may also have assigned providers for pharmacy or other services.
    - ✓ Recent visits to the ER (when and where)
    - ✓ Prescriptions
    - ✓ Significant diagnoses (e.g. asthma, paranoid schizophrenia, HIV disease)
    - ✓ Care manager, if applicable
    - ✓ Other
- Must provide sufficient security to prevent the exchange of patient information with persons not authorized to have access to that information
- Allow providers to input information (phase II) that they believe other providers should know in order to provide the recipient/patient with the best care management

System Supports:

Successful implementation of an ER-Medicaid health information exchange system will require collaboration and cooperation among Medicaid administration, HMOs, hospitals and ER physicians to ensure a system that is useful, cost-effective and compatible with existing systems and technology. Implementation of the system will require education of all those who interact with the information system. Inservices, user manuals and on-line and telephonic help may be required to provide education to new users, to assure optimal and maximal utilization of the system and to provide support to system users. The system must be alterable and flexible to meet changing user demands and keep up with new technology.

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Number of Visits	Number of Individuals	Percentage	Number of Visits	Percentage	Average Number of Visits
1	16,309	57.3%	16,309	25.5%	1.0
2	5,968	21.0%	11,936	18.7%	2.0
3	2,482	8.7%	7,446	11.7%	3.0
4	1,291	4.5%	5,164	8.1%	4.0
5	723	2.5%	3,615	5.7%	5.0
6 to 19	1,543	5.4%	13,379	20.9%	8.7
20+	162	0.6%	6,026	9.4%	37.2
Total	**28,478**	**100%**	**63,875**		